

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/02/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145858	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/26/2016
NAME OF PROVIDER OR SUPPLIER ELMWOOD NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 152 WILMA DRIVE MARYVILLE, IL 62062		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 312 SS=D	<p>Annual Certification Survey</p> <p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to provide complete incontinent care and/or grooming for 3 of 15 residents (R5, R7, R8) reviewed for activities of daily living in the sample of 15.</p> <p>Findings include:</p> <p>1. On 2/23/16 at 12:35 PM, E6, Certified Nurses Aide (CNA), toileted R8. R8 was incontinent of bowels and R8's disposable brief was saturated with urine. E6 wiped R8's buttocks with toilet paper, but did not perform any pericare for R8.</p> <p>R8's Minimum Data Set (MDS), dated 1/15/16, documents that R8 is cognitively impaired, requires total assistance with hygiene, and extensive assistance with toileting. R8's MDS also documents that R8 is occasionally incontinent of bowels and bladder, and is at risk for pressure ulcers.</p> <p>R8's Care Plan, dated 1/15/16, documents that R8 has self care deficits and is at risk for skin</p>	F 312			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 312	<p>Continued From page 1</p> <p>breakdown. R8's Care Plan documents, in part, "Keep skin clean and dry. Requires supervision/cues, and total assistance of one staff member."</p> <p>The Facility's undated Perineal Genital Care policy documents, in part, "wash and rinse the scrotum. Wash and rinse the anal area."</p> <p>On 2/26/16 at 9:00 AM, E2, Director of Nursing, stated, "Incontinent residents should have pericare."</p> <p>2. On 2/23/16 at 11:30 AM, R5 had numerous 1/2 inch long visible strands of hair in and on both ears.</p> <p>R5's MDS, dated 12/11/15, documents that R5 is cognitively impaired and requires total assistance of one staff member with personal hygiene.</p> <p>R5's Care Plan, dated 12/15/15, documents, in part, that R5, "is self care deficit with all daily care. Requires total assistance of one/two for all daily care."</p> <p>3. On 2/23/16 at 11:30 AM, R7 had numerous 1/2 inch long visible strands of hair in and on both ears.</p> <p>R7's MDS, dated 2/16/16, documents that R7 is cognitively impaired and requires total assistance of one staff member with personal hygiene.</p> <p>R7's Care Plan, dated 2/9/16, documents, in part, that R7, "is self care deficit with all daily care. Requires total assistance of one/two for all daily care."</p>	F 312			

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F 312	Continued From page 2	F 312			
F 314	On 2/26/16 at 9:00 AM, E2 stated, "The beautician usually does the ear trimming when the residents get their hair cut every 4-6 weeks."				
SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES	F 314			
	<p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview the facility failed to provide appropriate positioning and timely turning and repositioning for pressure ulcer prevention for 1 of 4 residents (R10) reviewed for pressure ulcer risk in the sample of 15.</p> <p>Findings include:</p> <p>1. On 2/24/16 from 8:55 AM-11:15 AM, R10 was lying on R10's left side with coccyx area in contact with the mattress, without the benefit of turning repositioning, based on 15 minute or less observation intervals.</p> <p>On 2/24/16 11:35 AM, R10 was reclined in a geriatric chair in the dining room. R10 had slid down in to the geriatric chair until R10's shoulder</p>				

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F 314	Continued From page 3 blades and head were the only parts of R10's upper body touching the back of the chair. R10's buttocks was at the edge of the geriatric chair with her upper calves resting on the chairs' leg rest. E5, Certified Nurses Aide (CNA), fed R10 in this position from 11:50 AM-12:15 PM without the benefit of proper positioning to alleviate skin friction and pressure. R10's Minimum Data Set (MDS), dated 1/1/16, documents that R10 is cognitively impaired. R10's MDS documents that R10 requires total assistance for all Activities of Daily Living (ADLs) including repositioned and bed mobility. R10's MDS documented that R10 is at risk for pressure ulcers. R10's Care Plan, dated 1/1/16, documents that R10 is total assist with all care and is at risk for skin breakdown. The facility's undated Turning and Repositioning policy documents, in part, "Residents will be turned every 2 hours and as needed. Residents are turned and repositioned to prevent skin breakdown." On 2/26/16 at 9:00 AM, E2, Director of Nursing, stated, "residents need to be turned every 2 hours and as needed."	F 314			
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.	F 323			

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F 323	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure safe transfers for 2 of 2 residents (R8, R11) reviewed for transfers in the sample of 15. Findings include: 1. On 2/23/16 at 12:35 PM, E6, Certified Nurses Aide (CNA), toileted R8. E6 transferred R8 to and from the toilet and chair without the use of a gait belt. R8's Minimum Data Set (MDS), dated 1/15/16, documents that R8 is cognitively impaired, requires total assistance with hygiene and extensive assistance with toileting. R8's MDS documents that R8 requires extensive assistance of one person for transfers. R8's Care Plan, dated 1/15/16, documents that R8 has self care deficits due to weakness and impaired mobility. R8's Care Plan documents in part, "(R8) has the potential for falls related to history of falls. 11/5/15-Fall in room." The facility's undated Gait Belt Policy documents, in part, "A gait belt is to be used on all patient transfers. The gait belt should be visible." 2. On 2/24/16 at 10:15 AM, E5, CNA, transferred R11 from the bed to a wheelchair with a mechanical lift without the assistance of another staff member.	F 323			

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F 323	Continued From page 5 R11's Minimum Date Set (MDS), dated 11/30/15, documents that R11 requires extensive assistance of 2 staff members with transfers. R11's Care Plan, dated 1/15/16, documents, in part, "(R11) has the potential for falls related to fall risk. (R11) has the potential for injury related to seizure disorder." R11's Nurses Notes, dated 1/30/16, document that R11 had a fall resulting in a forehead injury. The facility's undated (Mechanical) Lift policy documents, in part, "2 staff members are to be present while transferring the patient with a (mechanical) lift." On 2/26/16 at 9:00 AM, E2, Director of Nursing, stated, "mechanical lifts are to be done with two staff members. Gait belts are to be used for resident transfers."	F 323			
F 354 SS=C	483.30(b) WAIVER-RN 8 HRS 7 DAYS/WK, FULL-TIME DON Except when waived under paragraph (c) or (d) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. Except when waived under paragraph (c) or (d) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis. The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.	F 354			

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F 354	Continued From page 6 This REQUIREMENT is not met as evidenced by: Base on record review and interview, the facility failed to provide a Registered Nurse (RN) 8 consecutive hours per day. This has the potential to effect all 71 residents in the facility. Findings include: The facility's monthly Nursing Staffing Schedules, dated December 2015, January 2016 and February 2016, document a RN was not provided 8 consecutive hours per day on the following dates: 12-3-2015, 12-7-2015, 12-17-2015, 12-21-2015, 12-31-2015, 1-6-2016, 1-14-2016, 1-28-2016, 2-11-2016 and 2-25-2016. E2, Director of Nursing, stated, on 2-25-2016 at 2:00 -PM, that she was also working as the Registered Nurse, even though the census was not 60 or below. The Resident Census and Conditions of Resident, CMS 672, dated 2-23-2016, documented that the facility has 71 residents living in the facility.	F 354			
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions	F 371			

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F 371	Continued From page 7 This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure the dietary department labeled and dated food items and maintained accurate and complete dishwasher temperature logs to prevent the potential for food borne illness. This has the potential to effect all residents at the facility. Findings include: 1. On 2/23/16 at 10:00 AM-10:25 AM, the following was observed in the dietary department's dry storage room: One opened container of peanut butter with no date of when opened. One opened container of lemon juice with no date of when opened. One opened container of seasoning sauce with no date of when opened or expires. One opened container of Worcestershire sauce with no date of when opened. One opened container of facility mixture of sugar and cinnamon with no date of when prepared. One bin of oatmeal (identified by E7 Dietary Manager) with no identification label on it. 2. On 2/23/16 at 10:00 AM-10:25 AM, the dietary	F 371			

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F 371	Continued From page 8 department's freezer contained items with no opened date or identification of contents. E7 identified the contents as chicken sticks and chicken breast. On 2/23/16 at 10:30 AM, E7 stated, "The (fore mentioned) opened food items should be labeled and dated." The facility policy titled Food and Dating (No date), documented in part,"Food items being utilized and opened upon receiving should be dated." 3. The Resident Census and Conditions of Residents, CMS 672, dated 2/23/16, documented that the facility has 71 residents living in the facility.	F 371			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection	F 441			

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F 441	<p>Continued From page 9</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to perform hand hygiene after toileting resident for 1 of 15 residents (R8) reviewed for infection control in the sample of fifteen.</p> <p>Findings include:</p> <p>On 2/23/16 at 12:35 PM, E6, Certified Nurses Aide (CNA), toileted R8. R8 was incontinent of bowels and R8's disposable brief was saturated with urine. With an ungloved hand, E6 wiped R8's buttocks with toilet paper, then touched R8's pants and shirt.</p> <p>R8's Minimum Data Set (MDS), dated 1/15/16, documents that R8 is cognitively impaired,</p>	F 441			

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F 441	Continued From page 10 requires total assistance with hygiene, and extensive assistance with toileting. R8's MDS documents that R8 is occasionally incontinent of bowels and bladder. R8's Care Plan, dated 1/15/16, documents that R8 has self care deficits. R8's Care Plan documents, in part, "Requires supervision/cues, and total assistance of one staff member." The facility policy titled Hand washing/Hand Hygiene (Revised December 2016) documented in part that, "Employees must wash their hands before and after contact with residents. After handling items potentially contaminated with blood, body fluids, or secretions." On 2/26/16 at 9:00 AM, E2 Director of Nursing stated, "Employees should follow policy on infection control and hand hygiene."	F 441			
F 458 SS=B	483.70(d)(1)(ii) BEDROOMS MEASURE AT LEAST 80 SQ FT/RESIDENT Bedrooms must measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms. This REQUIREMENT is not met as evidenced by: Based on observation and record review, the facility failed to provide 80 square feet of floor space per resident bed for 1 of 15 residents (R2) and R17, R18, and R19 in the supplemental sample. Findings include:	F 458			

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F 458	Continued From page 11 1. The facility has four two bed resident rooms that are each occupied by two residents. According to historical data and room measurements, these 4 resident rooms provide only 71.1 square feet per resident bed. All of these rooms are certified for Medicaid. The following residents reside in the following undersized rooms: Rooms 116 and 118 are on the 100 hall. One room is being utilized for storage and R17 resides in the other. R2, R18, and R19 reside in rooms 212 and 214 on the 200 Hallway.	F 458			
F 465 SS=C	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to provide and maintain a safe and sanitary environment for residents. This has the potential to affect all 71 residents living in the facility. Findings include: 1. On 2/25/16 at 9:00 AM-9:25 AM, the following environmental issues: The interior side of the double metal exit doors in	F 465			

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F 465	<p>Continued From page 12</p> <p>the dining room contained an approximately 1/4 inch of rust across the bottom of both exit doors. The rusted metal fell off the doors in any area that was touched with a finger. Outside air could be felt coming through the rusted areas.</p> <p>The wall baseboard area under the dining room television contained approximately 2 feet of bubbling and rippling under the wall paper along the base of the wall. The areas moved and altered form upon touch.</p> <p>In the laundry room's clean clothes area the wall above both of the clean clothes racks (containing numerous items of clean clothes), contained dry black fluffy substances embedded into a brown sticky substance</p> <p>In the therapy department, the therapy table mat contained tears/cracks on both outer corners and cracks measuring approximately 18 inches along the outer side.</p> <p>On 2/25/16 at 9:45 AM, E9, Physical Therapist stated, "The therapy bed mat has had cracks in it for awhile. We do use it for resident therapy"</p> <p>On 2/25/16 at 9:30 AM, E8, Maintenance Supervisor, "The dining room exit doors have been rusted for awhile and we are hoping to get new doors soon. I never noticed the bubbling under the dining room television. It was probably due to a leak we had in the laundry room, which is on the other side of the wall. I never noticed the sticky stains on the laundry room wall. We will get that cleaned up today."</p> <p>2. The Resident Census and Condition of Residents, CMS 672, dated 2/23/16 documents</p>	F 465			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145858	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/26/2016
NAME OF PROVIDER OR SUPPLIER ELMWOOD NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 152 WILMA DRIVE MARYVILLE, IL 62062		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 465	Continued From page 13 the facility has 71 residents living in the facility.	F 465			